

INVESTIGATION OF INJURY/ILLNESS

Authority: Title 10 U.S.C. Section 3013, Privacy Act Statement 5 U.S.C. 552a.

Purpose: To collect required information according to OSHA law in maintaining an OSHA 300 injury log.

Routine: Medical information resulting in death, days away from work, and days of restricted duty provided on this form is entered on the OSHA 300 log.

Storage: It will remain with Installation Safety Office and only be used as supplemental documentation for each entry on the OSHA 300 log. This form will be kept for five years and then destroyed.

Disclosure: Under section 1904.35(b)(2), employees, former employees, their personal representatives, and their authorized employee representatives have the right to access the OSHA 300 Log Form and the OSHA 300-A Summary Form.

Employee Name:		Job Title:	
Location of incident (Bldg, floor, room, street):		Date of Injury:	Time of Injury:
# days lost beyond date of injury per doctor's orders:		# days restrictions beyond date of injury per doctor's orders:	
Nature of Injury (body part affected, appearance, diagnosis):		Was injury reported promptly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was medical treatment administered? If so, what?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe incident and contributing hazards/deficiencies or circumstances in detail:		Work/Service Order Number: Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was employee wearing/using all appropriate and job-related safety equipment? If not, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were all safety precautions, policies, and directives adhered to? If not, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was all safety equipment in good working order? If not, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What corrective actions were taken?			
Signature of Employee:		Date:	
Signature of Supervisor:		Date:	
Signature of Investigating Official:		Date:	